



**Building Futures: Family AIDS Housing**  
 1440 Meridian Place, NW Washington, DC 20010  
 Telephone: (202) 639-0361 Fax: (202) 639-0276

Date Received: \_\_\_\_\_  
 Bedroom Size: \_\_\_\_\_  
 Priority: 1 2 3  
 Lottery Number: \_\_\_\_\_  
 Housing Status Code  
 For Office Use Only

## Application for the Rental Assistance Program

Date of Application: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Applicant Telephone Number: \_\_\_\_\_

Referral Agency: \_\_\_\_\_ Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_

Case Manager: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: (circle one)  
 M F

DIAGNOSIS: (check one)  
 Medical/Physical Disability \_\_\_\_\_  
 HIV Positive Asymptomatic (Stage One) \_\_\_\_\_  
 HIV Positive Symptomatic (Stage Two) \_\_\_\_\_  
 Full Blown AIDS (Stage Three) \_\_\_\_\_

For Statistical Purposes Only

Race: (circle one) Ethnicity: (circle one)  
 White Hispanic  
 Black Non-Hispanic  
 Am. Indian/Alaskan Native  
 Asian/Pacific Islander

### HOUSEHOLD COMPOSITION:

Total number of household members expected to live in the unit: \_\_\_\_\_

Please identify all members in the space provided below.

	Last Name, Middle Initial, First Name	HIV Status (I,II,III or pediatric)	Social Security Number	Relation to Head of Household	Sex M/F	Date of Birth
1.						
2.						
3.						
4.						
5.						
6.						

**INCOME:**

Please list all regular income expected to be earned or received by the household. This list should include **all** types of income received, such as AFDC or public assistance, social security benefits, disability compensation, salary or wages, child support, and alimony.

Name of person receiving/earning income	Type of Income (i.e. AFDC, SSDI, Wages)	Name and Address of Employer or Source of Income	Gross Monthly Income	Gross Annual Income (monthly X 12)

Total Annual Gross Income: \$\_\_\_\_\_

**HOUSING HISTORY:**

**Current Situation:**

Are you homeless? \_\_\_\_\_

\*defined as lacking a fixed, regular and adequate night-time residence, including those residing in temporary shelters and transitional housing

Are you currently paying rent for your living situation? \_\_\_\_\_

Current Monthly Rent \$\_\_\_\_\_

Describe your current living situation.

**Current Address:**

Street Address (include apartment number): \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Name of Property Owner: \_\_\_\_\_

Phone Number of Property Owner: \_\_\_\_\_

How long have you lived here? \_\_\_\_\_

If you are currently in a permanent housing situation, would you prefer to remain at your present address or relocate?    Remain    Relocate    (please circle one)

## APPLICANT'S CERTIFICATION

I understand that this application is not an offer of housing. If I am offered a rental subsidy, and I am not able to locate a unit within the time allowed, I will have to re-apply for further assistance. I understand that it is my responsibility to inform the housing agency **in writing** of any change in my address, income, household composition, or priority status. I authorize the housing agency to verify the truth of the information I have given in this application. I understand that the information contained in my application may be subject to audit. I understand that any false statement or misrepresentation may result in the cancellation of my application and program participation should I begin to receive rental assistance.

I certify that the information that I have given in this application is true and correct.

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Applicant Signature

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Date

## AUTHORIZATION FOR RELEASE OF INFORMATION

I, \_\_\_\_\_, hereby authorize Building Futures  
Name of Applicant

and its staff to contact any federal, state, or local agencies or authorities, or any private businesses, corporations, financial institutions, or persons it deems necessary to obtain any information or materials needed to complete my application for participation in the rental assistance program administered by Building Futures. I authorize Building Futures to make use of information collected for evaluation purposes as required by HUD, with the understanding that this information will only be presented statistically and will not reveal the identity of you or any of your family members.

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Applicant Signature

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Date

**Please note that the waiting list for this program exceeds 200. While we encourage all eligible clients to submit the application and be placed on the waiting list, only Priority 1 clients should complete the rest of the application. Please note that we are only placing Priority 1 clients at this time.**

**Clients are Priority 1 if they answer yes to the following two questions.**

**I am:**

1. Homeless, defined as lacking a fixed, permanent and adequate nighttime residence, including residing in temporary shelters and transitional housing and at imminent risk of involuntary displacement, **AND**
2. HIV Positive Symptomatic (Stage II. AIDS) or Full Blown AIDS (Stage II. AIDS).

***If you answered NO to either question, please stop here and submit application.  
If you answered YES to both questions, please continue.***

**ASSETS:**

Please list the assets of everyone who will be living in the unit. Include all bank accounts, stocks and bonds, trust agreements, real estate, and so on. Approximate the value of each. You do not need to include personal property such as, clothing, furniture, or cars.

Household Member	Description of Asset	Value

**EXPENSES:**

Do you pay for **child care** (for children under 13) that enables you or another family member to work or go to school full time? (circle one)      Yes      No

If yes, what is the amount you expect to spend on child care over the next 12 months? \$\_\_\_\_\_.

**Elderly, handicapped, or disabled households only:**

Do you have any medical expenses that are not covered by insurance? Do you pay for personal care attendant services or any equipment for handicapped member(s) of the household necessary to allow that member or another family member to work? (circle one)      Yes      No

If yes, what is the amount you expect to spend on these items over the next 12 months? \$\_\_\_\_\_.

**Please list your housing history for the last two years, including the address, length of stay, and reason for leaving each residence.**

**Previous Address:**

Street Address (include apartment number): \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Name of Property Owner: \_\_\_\_\_

Phone Number of Property Owner: \_\_\_\_\_

How long did you live there? \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

**Previous Address:**

Street Address (include apartment number): \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Name of Property Owner: \_\_\_\_\_

Phone Number of Property Owner: \_\_\_\_\_

How long did you live there? \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

**SERVICE PLAN:**

This section must be filled out by the case manager working with the applicant.

Please indicate the supportive services that this applicant is currently receiving or would like to receive.

Supportive Service	Currently Receiving	If no, has this client requested this service or would this client benefit from this service?		If yes, Name of Provider
	Yes/No	Requested	Needs Service	
Assisted transportation				
Case management				
Child care/respite care				
Crisis intervention				
Day treatment				
Dental				
Education Services				
Emergency drug assistance				
Emergency financial assistance				
Employment Services				
Food bank plus filtered water				
Home delivered meals				
Homemaker Services				
Hospice				
Interpreter services				
Legal				
Life Skills Training				
Mental health				
Nutritional support				
Outpatient primary medical				
Primary Medical				
Professional Home Healthcare				
Personal Care Aide				
Residential counselors				
Substance abuse counseling				
AA/NA Meetings				
Other - Please Specify				

Does this applicant have a history of substance abuse? yes or no

If yes, is client currently using substance? yes or no

If yes, is client in recovery? yes or no

Current or Previous Substance Abuse Treatment Plan:

History of substance abuse does not affect eligibility or priority status. Applicants remain eligible. However, when reviewing applicants for placement, the Multidisciplinary Assessment Team generally will not place an applicant who is actively using.

**CERTIFICATION OF PRIORITY AND PREFERENCE STATUS**

I certify that I meet a priority and preference status because of (check all that apply)

\_\_\_\_\_ Income - Indicate which public assistance you receive

- \_\_\_\_\_ AFDC
- \_\_\_\_\_ SSI
- \_\_\_\_\_ GR
- \_\_\_\_\_ SSI
- \_\_\_\_\_ SSDI
- \_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_ Housing Status - I am currently:

- \_\_\_\_\_ In imminent risk of involuntary displacement
- Explain:

\_\_\_\_\_

- \_\_\_\_\_ Living in substandard housing
- Explain:

\_\_\_\_\_

\_\_\_\_\_ Paying over 50% of my income for rent

\_\_\_\_\_ AIDS Diagnosis:

- \_\_\_\_\_ Stage Two AIDS
- \_\_\_\_\_ Stage Three AIDS

I understand that at the time my application comes to the top of the waiting list I will need to provide verification of the above.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**TENANT STANDING/CRIMINAL RECORD**

TENANT STANDING

Have you, or any member of your household, ever lived in **public housing** or received **rental assistance** in a previous apartment? (circle one)                      Yes      No

If you answered yes, please provide the information requested below:

Head of Household at that time: \_\_\_\_\_

Relationship to present Applicant: \_\_\_\_\_

Name of the Agency that provided the subsidy or owned the housing: \_\_\_\_\_

Date you moved out: \_\_\_\_\_

Reason for moving out: \_\_\_\_\_

**CRIMINAL RECORD**

Have you or any member of your household ever been arrested or convicted for possession of an illegal substance or trafficking of illegal drugs? (circle one)      Yes      No

If yes, when did this occur? \_\_\_\_\_

Has any member of your household ever been involved in violent criminal activity? (This includes murder, manslaughter, assault and battery, rape, robbery, burglary and arson.) (circle one)      Yes      No

**Answering "yes" to one of the above questions does not necessarily mean that you will be denied assistance. The circumstances of your case will be reviewed and considered.**

**Assistance may be denied for submitting a false response to any of these questions.**

I authorize the release of the medical information requested on this form, to be provided to Building Futures as part of the Rental Assistance Program application.

\_\_\_\_\_  
Client Name (Printed)

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

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**Physician's Statement**

Patient's Name \_\_\_\_\_

Date of Diagnosis \_\_\_\_\_

CD4 Level \_\_\_\_\_ as of \_\_\_\_\_ (date)

HIV-related symptoms:

Opportunistic Infections:

Physician's Name (printed) \_\_\_\_\_

Clinic Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Completed form can be faxed to Building Futures (202) 639-0276 or mailed to: Building Futures, Attn: Maritza V Falero 1440 Meridian Place, Suite 100 NW, Washington, DC 20010

**Important! Applications must be complete in order to be processed. It is important that all required documentation is submitted. Please make sure to:**

\_\_\_\_\_ Complete application according to Priority guidelines, Page 4

\_\_\_\_\_ Copy completed application for case management files

\_\_\_\_\_ Attach income verification (copies of SS, SSI, etc.)

\_\_\_\_\_ Attach verification of HIV/AIDS diagnosis (different than the Physician's Statement)

\_\_\_\_\_ Attach verification of rent (statement from landlord or receipt for rent paid)

\_\_\_\_\_ Sign the Applicant's Certification, Page 3

\_\_\_\_\_ Sign the Authorization for Release of Information, Page 3

\_\_\_\_\_ Enclose completed Physicians Statement, Page 9 or

\_\_\_\_\_ Request Physicians Statement, Page 9, to be forwarded to Building Futures directly

\_\_\_\_\_ Attach Psychosocial Assessment completed with Case Manager

\_\_\_\_\_ Mail or deliver completed application (***NO FAXES WILL BE ACCEPTED FOR ANY REASON***)

Complete applications should be returned by mail to:

Building Futures:  
1440 Meridian Place, NW  
Washington DC 20010

Questions can be directed to  
Maritza V Falero.  
Building Futures  
Telephone: (202) 639-0361ext303

**FAXED APPLICATIONS WILL NOT BE ACCEPTED  
(supporting documentation submitted from other locations can be faxed)**